	y of Portland, Mair Congress Street, 0410		O				09-0935	Issue Dat	e:	036 D01	12001	
	ation of Construction:		Owner Name:			Ow	ner Address:			Phone:		
27 Grant St			Roger Buck			150 Glenwood Ave						
Bus	iness Name:		Contractor Name:			Contractor Address:			Phone	Phone		
			D & M Lead Removal & Constructio			190 Vienna Road Chesterville				207778670	2077786709	
Lessee/Buyer's Name Phone			Phone:	Phone:		Permit Type: Alterations - Multi Family			-	Zone:		
Past	t Use:		Proposed Use:		<u> </u>	Pe	rmit Fee:	Cost of Wo	rk	CEO District:	†	
	ılti Family / 6 units		Multi Famly / l	ment of all	1.0	\$170.00		\$14,750.00				
Multi Falliny / 6 units			windows, no structural changes.					Approved				
								Denied	Use Gr		Type	
	posed Project Description		. 1 1									
Kej	placement of all windov	vs, no struc	tural changes.			Signature:		Signature:				
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (ICT (P.A.D.)		
						Ac	tion Appro	ved App	proved w	/Condition	Denied	
						Sig	gnature:			Date:		
Permit Taken By: Date App			pplied For:				Zoning Approval					
gg	gg 08/28/2009						2011119	12pp1014	-			
1.	This permit applicatio	n does not	preclude the	Spec	ial Zone or Revi	ews	ws Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State Federal Rules.		•	Shoreland			☐ Variance			☐ Not in District or Landn		
2.	Building permits do no septic or electrical wor		lumbing,	☐ Wetland		Miscella	Miscellaneous		☐ Does Not Require Revie			
3.	•			Flood Zon			Conditional Us			Requires Review		
				Subdivision			☐ Interpretatio			Approved		
				☐ Si	te Plan		Approv	ed		Approved w	/Condition	
				Maj Mino MM			☐ Denied			☐ Denied		
				Date:			Date:		D	Date:		
I ha juris shal	reby certify that I am th ve been authorized by the sdiction. In addition, if Il have the authority to e uch permit.	he owner to a permit fo	o make this appli r work described	med procession and the second	as his authorized application is iss	ne pr d age	ent and I agree t l, I certify that th	o conform	to all ap cial's au	pplicable laws athorized repre	of this sentative	
SIG	NATURE OF APPLICAN				ADDRES	S .		DATE	=	P	НО	

Location of Construction:		Owner Name:		Owner Address:		Phone:	
27 Grant St		Roger Buck		150 Glenwood Ave			
Business Name:		Contractor Name:		Contractor Address:		Phone	
		D & M Lead Removal & Constructio		190 Vienna Road Chesterville		2077786709	
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Multi Fam:	ily		Zone:
Dept: Zoning Note:	Status:	Approved with Conditions	Reviewer	: Marge Schmuckal	Approval Dat	te: 08/3	1/2009
1) This is NOT on annu	oval for an	additional dwelling unit. Yo	ou SHALL NO	T add any additional kito	hen equipment i	including, bu	t not
,		microwaves, refrigerators, o		•			t Hot
limited to items such	as stoves, i emain a six	•	or kitchen sink	ss, etc. Without special ap	provals.	O .	inot
limited to items such 2) This property shall re review and approval.	as stoves, i emain a six	microwaves, refrigerators, o	or kitchen sink ng. Any chang	as, etc. Without special ap	provals. parate permit ap	plication for	
limited to items such This property shall re review and approval. This permit is being work.	as stoves, a emain a six approved o	microwaves, refrigerators, 6 (6) residential family dwelling the basis of plans submit	or kitchen sink ng. Any chang ted. Any devi	cs, etc. Without special ap	oprovals. parate permit ap arate approval b	plication for	g that
limited to items such This property shall re review and approval. This permit is being work.	as stoves, a emain a six approved o	microwaves, refrigerators, 6(6) residential family dwelli	or kitchen sink ng. Any chang ted. Any devi	cs, etc. Without special ap	oprovals. cparate permit ap arate approval b Approval Dat	plication for	g that 0/2009
limited to items such 2) This property shall re- review and approval. 3) This permit is being work. Dept: Building Note:	as stoves, remain a six approved of Status:	microwaves, refrigerators, 6 (6) residential family dwelling the basis of plans submit	or kitchen sink ng. Any chang ted. Any devi	cs, etc. Without special ap	oprovals. cparate permit ap arate approval b Approval Dat	plication for efore starting	g that 0/2009
limited to items such 2) This property shall re- review and approval. 3) This permit is being work. Dept: Building Note: 1) The permit approves	as stoves, the main a six of approved of status:	microwaves, refrigerators, 6 (6) residential family dwelling the basis of plans submit Approved with Conditions	or kitchen sinking. Any changied. Any deviewer:	cs, etc. Without special apge of use shall require a seations shall require a separations. Tammy Munson	oprovals. cparate permit ap arate approval b Approval Dat	plication for efore starting te: 09/1 Ok to Issue:	g that 0/2009
limited to items such 2) This property shall re- review and approval. 3) This permit is being work. Dept: Building Note: 1) The permit approves Dept: Fire	as stoves, the main a six of approved of status:	microwaves, refrigerators, 6 (6) residential family dwelling the basis of plans submit Approved with Conditions attion of the windows only.	or kitchen sinking. Any changied. Any deviewer:	cs, etc. Without special apge of use shall require a seations shall require a separations. Tammy Munson	oprovals. cparate permit ap arate approval b Approval Dat	plication for efore starting te: 09/1 Ok to Issue:	g that 0/2009 2 3/2009
limited to items such 2) This property shall re- review and approval. 3) This permit is being work. Dept: Building Note: 1) The permit approves	as stoves, the main a six of approved of status: Status: Status:	microwaves, refrigerators, 6 (6) residential family dwelling the basis of plans submit Approved with Conditions attion of the windows only. Approved with Conditions	or kitchen sinking. Any changied. Any deviewer:	cs, etc. Without special apge of use shall require a seations shall require a separations. Tammy Munson	oprovals. cparate permit ap arate approval b Approval Dat	plication for efore starting te: 09/10 Ok to Issue:	g that 0/2009

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

DECDONICIDI E DEDCON IN CHARCE OF WORK TIT	DATE	DIIO	